

State of Tennessee



Department of State

Corporate Filings

312 Eighth Avenue North

6<sup>th</sup> Floor, William R. Snodgrass Tower

Nashville, TN 37243

For Office Use Only

APPLICATION FOR RESERVATION  
OF LIMITED LIABILITY  
PARTNERSHIP NAME

To the Secretary of the State of Tennessee:

Pursuant to the provisions of the Tennessee Revised Uniform Partnership Act, Section 61-1-1003(d), the undersigned hereby applies for reservation of the following limited liability partnership name for a period of four (4) months:

[NOTE: The limited liability partnership name proposed for reservation must meet the requirements as outlined in the Tennessee Revised Uniform Partnership Act. T.C.A. §61-1-1003.]

The name and address of the applicant is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Zip Code

Date: \_\_\_\_\_ , \_\_\_\_\_

(if applicant is a partnership, corporation or  
limited liability company)

\_\_\_\_\_  
(Name of Partnership/Corporation/Limited Liability Company)

By: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Name (typed or printed)

\_\_\_\_\_  
Signer's Capacity

(if applicant is an individual)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Name (typed or printed)